

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS

CHARLES SMITH  
\_\_\_\_\_  
\_\_\_\_\_,

)  
)  
)  
)  
)  
Plaintiff(s), ) 15CV2330  
vs. ) JUDGE KOCORAS  
\_\_\_\_\_, ) MAG. JUDGE FINNEGAN  
\_\_\_\_\_, )

Defendant(s). )  
\_\_\_\_\_, )

**RECEIVED**

MAR 17 2015  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**COMPLAINT FOR VIOLATION OF CONSTITUTIONAL RIGHTS**

*This form complaint is designed to help you, as a pro se plaintiff, state your case in a clear manner. Please read the directions and the numbered paragraphs carefully. Some paragraphs may not apply to you. You may cross out paragraphs that do not apply to you. All references to "plaintiff" and "defendant" are stated in the singular but will apply to more than one plaintiff or defendant if that is the nature of the case.*

1. This is a claim for violation of plaintiff's civil rights as protected by the Constitution and laws of the United States under 42 U.S.C. §§ 1983, 1985, and 1986.
2. The court has jurisdiction under 28 U.S.C. §§ 1343 and 1367.
3. Plaintiff's full name is CHARLES ELLIOTT SMITH.

*If there are additional plaintiffs, fill in the above information as to the first-named plaintiff and complete the information for each additional plaintiff on an extra sheet.*

4. Defendant, PAUL ANDERSON #2581, is  
(name, badge number if known)

an officer or official employed by ILLINOIS DEPARTMENT OF CORRECTIONS,  
(department or agency of government)

or

an individual not employed by a governmental entity.

*If there are additional defendants, fill in the above information as to the first-named defendant and complete the information for each additional defendant on an extra sheet.*

5. The municipality, township or county under whose authority defendant officer or official acted is ILLINOIS DEPARTMENT OF CORRECTIONS. As to plaintiff's federal constitutional claims, the municipality, township or county is a defendant only if custom or policy allegations are made at paragraph 7 below.

6. On or about MAR 24, 2014, at approximately 11:00  a.m.  p.m.  
(month, day, year)  
plaintiff was present in the municipality (or unincorporated area) of STATEVILLE  
CORRECTIONAL CENTER, in the County of Will,  
State of Illinois, at 16830 IL-53 CREST HILL, IL 60403,  
(identify location as precisely as possible)

when defendant violated plaintiff's civil rights as follows (*Place X in each box that applies*):

- arrested or seized plaintiff without probable cause to believe that plaintiff had committed, was committing or was about to commit a crime;
- searched plaintiff or his property without a warrant and without reasonable cause;
- used excessive force upon plaintiff;
- failed to intervene to protect plaintiff from violation of plaintiff's civil rights by one or more other defendants;
- failed to provide plaintiff with needed medical care;
- conspired together to violate one or more of plaintiff's civil rights;
- Other:
- 
-

7. Defendant officer or official acted pursuant to a custom or policy of defendant municipality, county or township, which custom or policy is the following: (*Leave blank if no custom or policy is alleged*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Plaintiff was charged with one or more crimes, specifically:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. (*Place an X in the box that applies. If none applies, you may describe the criminal proceedings under "Other"*) The criminal proceedings

- are still pending.  
 were terminated in favor of plaintiff in a manner indicating plaintiff was innocent.<sup>1</sup>  
 Plaintiff was found guilty of one or more charges because defendant deprived me of a fair trial as follows \_\_\_\_\_  
\_\_\_\_\_.

Other: I WAS CHARGED WITH VIOLATING MY PRB ORDER WHICH I did not AND WAS HELD IN CUSTODY.

<sup>1</sup>Examples of termination in favor of the plaintiff in a manner indicating plaintiff was innocent may include a judgment of not guilty, reversal of a conviction on direct appeal, expungement of the conviction, a voluntary dismissal (SOL) by the prosecutor, or a *nolle prosequi* order.

10. Plaintiff further alleges as follows: (*Describe what happened that you believe supports your claims. To the extent possible, be specific as to your own actions and the actions of each defendant.*)

On MARCH 24, 2014, I WAS SHIPPED TO STATEVILLE  
CORRECTIONAL CENTER VIA COOK COUNTY JAIL. I WAS TO  
BE RELEASED GIVEN THE FACT I HAD SERVED MY IMPOSED  
SENTENCED 1yr @ 50%. (7MTHS SERVED IN CCJ) EX A  
HOWEVER, IDOC DID NOT RELEASE ME. INSTEAD AN INVALID  
WARRANT WAS ISSUED FOR MY ARREST WHICH KEPT ME  
INTO CUSTODY EX B On April 4, 2014 I WAS SHIPPED TO  
HILL C.C. THIS WARRANT STATED I FAILED TO COMPLY  
w/ RULE #16 "IN THAT I WAS MANDATED BY THE PRB  
TO BE SUPERVISED ON ELECTRONIC MONITORING" EX C  
HOWEVER, I WAS NOT MANDATED BY THE PRB TO BE  
MONITORED ON ELECTRONIC MONITORING. THIS WARRANT  
SUBJECTED ME TO FALSE ARREST AND FALSE IMPRISONMENT.

11. Defendant acted knowingly, intentionally, willfully and maliciously.  
12. As a result of defendant's conduct, plaintiff was injured as follows:

PLAINTIFF SUFFERED EMOTIONAL DISTRESS, PAIN AND  
SUFFERING, LOSS OF ENJOYMENT OF LIFE AND MENTAL  
ANGST.

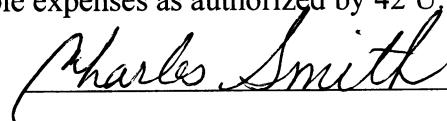
13. Plaintiff asks that the case be tried by a jury.  Yes  No

14. Plaintiff also claims violation of rights that may be protected by the laws of Illinois, such as false arrest, assault, battery, false imprisonment, malicious prosecution, conspiracy, and/or any other claim that may be supported by the allegations of this complaint.

**WHEREFORE**, plaintiff asks for the following relief:

- A. Damages to compensate for all bodily harm, emotional harm, pain and suffering, loss of income, loss of enjoyment of life, property damage and any other injuries inflicted by defendant;
- B.  (*Place X in box if you are seeking punitive damages.*) Punitive damages against the individual defendant; and
- C. Such injunctive, declaratory, or other relief as may be appropriate, including attorney's fees and reasonable expenses as authorized by 42 U.S.C. § 1988.

Plaintiff's signature:



Plaintiff's name (*print clearly or type*): CHARLES SMITH

Plaintiff's mailing address: 1939 N. LASALLE

City Indpls State IN ZIP 46218

Plaintiff's telephone number: (847) 660-4071.

Plaintiff's email address (*if you prefer to be contacted by email*): CHARLES SMITH 15100@gmail.com  
CHARLESSMITH 15100@gmail.com

15. Plaintiff has previously filed a case in this district.  Yes  No

*If yes, please list the cases below.*

*Any additional plaintiffs must sign the complaint and provide the same information as the first plaintiff. An additional signature page may be added.*

~~EX~~  
A

S-26  
**ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER TRACKING SYSTEM RM  
OFFENDER CUSTODY HISTORY**

PAGE 1  
RUN DATE 5/14/14  
RUN TIME 11.57.03

NAME: SMITH, CHARLES  
DATE OF BIRTH: 12/16/1978

IDOC #: R06524  
CURRENT STATUS: IN CUSTODY  
CURRENT LOCATION : HILL

**RECORDED PERIODS OF IDOC INCARCERATION**

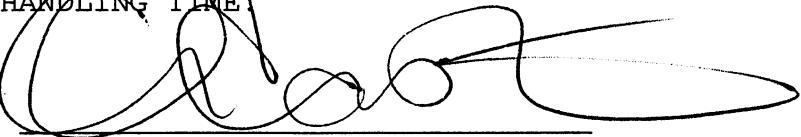
MVMT DATE	MVMT TYPE	PARENT INST
→ 03/24/2014	ADMIT IN	STATEVILLE
→ 03/24/2014	PAROLE OUT	STATEVILLE
→ 03/24/2014	ADMIT IN	STATEVILLE
01/07/2010	DISCHARGE OUT	CENTRALIA
11/15/2009	ADMIT IN	STATEVILLE
09/23/2008	PAROLE OUT	PONTIAC
08/20/2008	ADMIT IN	STATEVILLE
05/12/2008	PAROLE OUT	BIG MUDDY RIVER
01/23/2008	ADMIT IN	STATEVILLE
01/18/2008	PAROLE OUT	ILLINOIS RIVER
08/22/2001	ADMIT IN	JOLIET

**MITT/SENTENCE INFORMATION**

		CLASS YR MO DAY
13C66112101 COOK	REVOKE/D/SUSPENDED 2ND DUI	CL:4 0001 00 0000
MITT ADMIT: 03/24/2014	SENT DATE: 03/21/2014	DISC/REM DATE:
2001CF126 LA SALLE	CRIM SEX ASSAULT/CANT CONSENT	CL:1 0008 00 0000
MITT ADMIT: 08/22/2001	SENT DATE: 08/16/2001	DISC/REM DATE: 12/26/2009

\* THE CUSTODY HISTORY REPRESENTED IN THIS DOCUMENT IS TAKEN FROM THE ELECTRONIC RECORDS MAINTAINED IN THE ILLINOIS DEPARTMENT OF CORRECTIONS BASED ON MASTER FILE PAPER RECORDS. MASTER FILES FOR EACH OFFENDER ARE CURRENTLY KEPT IN STORAGE AT DIFFERENT ILLINOIS DEPARTMENT OF CORRECTIONS FACILITIES AROUND THE STATE BASED ON THE LOCATION OF THE OFFENDER UPON REACHING DISCHARGE FOR THAT INCARCERATION FROM THE ILLINOIS DEPARTMENT OF CORRECTIONS. THE ELECTRONIC CUSTODY HISTORY DOCUMENT WAS CREATED IN AN EFFORT TO PROVIDE AN OVERVIEW OF THE CUSTODY HISTORY OF AN OFFENDER, TO PROCESS THE REQUEST MORE EFFICIENTLY, TO CUT THE COSTS, AND TO IMPROVE THE HANDLING TIME.

RECORD OFFICER/DESIGNEE:



EX  
B

3/24  
ILLINOIS DEPARTMENT OF CORRECTIONS  
Parole Violation Report

D210

Smith, Charles

Offender's Name

R06524

ID#

**Section B: Notice of Charges of Alleged Parole or Mandatory Supervised Release Violations**

You are hereby notified that, as detailed on this form, you are charged with having committed the following violations of your conditions of Parole or Mandatory Supervised Release Agreement:

- 1. Violation of any criminal statute.
- 2. Possession of a firearm or other dangerous weapon.
- 3. Failure to report to your agent.
- 4. Failure to permit the agent to visit at home, employment, or elsewhere as determined necessary.
- 5. Failure to attend or reside in a facility established for the instruction or residence of persons on parole or mandatory supervised release.
- 6. Failure to secure permission before visiting or writing a committed person in a Department facility.
- 7. Failure to report all arrests to an agent as soon as permitted by the arresting authority but in no event later than 24 hours after release from custody.
- 8. Failure to obtain permission of your agent before leaving the State of Illinois.
- 9. Failure to obtain permission of your agent before changing your residence or employment.
- 10. Failure to consent to search of your person, property, or residence under your control.
- 11. Use or possession of narcotics or other controlled substances in any form, or both, or any paraphernalia related to those substances, or failure to submit to a urinalysis test as instructed.
- 12. Frequenting places where controlled substances are illegally sold, used, distributed, or administered.
- 13. Knowingly associating with other persons on parole or mandatory supervised release without prior written permission of your agent or knowingly associating with persons who are members of an organized street gang.
- 14. Failure to provide true and accurate information, relating to your adjustment in the community while on parole or mandatory supervised release or to your conduct while incarcerated, in response to inquiries by your agent.
- 15. Failure to follow any specific instructions provided by your agent, specifically: \_\_\_\_\_
- 16. Failure to comply with the following additional conditions of release: **Electronic Monitoring**

You are entitled to a Preliminary Parole/Mandatory Supervised Release Violation Hearing before a neutral Hearing Officer to determine whether or not probable cause exists that you did commit one or more of the violations checked above. You may appear and speak on your own behalf at this hearing and you may retain an attorney to represent you at the hearing. You may present evidence to rebut the charges and you may make a written request in advance of the hearing to present witnesses who can provide relevant information or to question adverse witnesses. If probable cause on any new criminal charge is determined by the court prior to the hearing date, you are not entitled to a preliminary hearing.

Your preliminary hearing is now scheduled to be held on: April 7, 2014 at 9:00  a.m.  p.m.  
at: WRC

Note: If probable cause is found at the preliminary parole revocation hearing, you may request the hearing officer recommend to the Prisoner Review Board that the parole violation warrant be withdrawn pending a final parole revocation hearing.

As an alternative to the scheduled hearing, you may exercise one of the following options by initialing the appropriate box:

  
Initials

- A. **Postpone:** I request that my preliminary hearing be postponed for up to 30 days from today's date to permit me to obtain an attorney, witnesses, or documents. I understand that it is my responsibility to present these individuals or materials at my hearing on:

                        , 20                     at                       a.m.  p.m.

  
Initials

- B. **Waive (Illinois Offenders Only):** I elect to waive my preliminary hearing with the understanding that I will be afforded a full revocation hearing before the Prisoner Review Board or Parole Board. This waiver does not indicate any admission of guilt to the above violations.

  
Initials

- C. **Waive (Adult Interstate Compact Only):** I admit guilt and waive my preliminary hearing.

I have received a copy of this Notice of Charges:

Charles Smith  
Offender's Signature

on 3/27/14

Date

A copy of this notice was delivered to the alleged violator by:

T. Howard

Print Name

CO

Title

T. Howard

Signature

3/26/14

Date

**ILLINOIS DEPARTMENT OF CORRECTIONS**  
**Parole Violation Report**

**Section A: Violation Details**

Offender: Smith, Charles Alias: \_\_\_\_\_ ID#: R06524  
 Parent Facility: Stateville CC County of Violation: \_\_\_\_\_ Date of Birth: 12/16/1978  
 Program released to: PAROLE Level of Supervision: S1  
 Gender:  Male  Female Race:  Caucasian  African American  Asian  Hispanic  Native American  Other \_\_\_\_\_  
 FBI#: 328866JB2 I.R.#: \_\_\_\_\_ CCJ#: \_\_\_\_\_  
 Release Date: 03/24/2014 Sentence Exp. Date: 03/24/2015 Violation Date: 03/24/2014  
 Custody Facility: Stateville CC Custody Date: 03/24/2014  
 Offense(s): FTC-RULE #16 FAILURE TO PROVIDE A HOST SITE FOR ED.  
 IDOC Warrant #: QA 1402685 Date Warrant Issued: 03/24/2014

Parolee Charles Smith is currently on parole for the following offense(s) (list all mittimus offenses) REVOKED/SUSPENDED 2ND DUI and was incarcerated from 08/25/2013 to 03/24/2014. The most recent parole violation(s) for which this warrant was issued/is being requested follows (include date, time, place and description of the violation; description and method of weapons used; identity and injury to victim(s); arrest date and arresting agency; criminal charges; and custody/court/bond information) : OFFENDER IS IN VIOLATION OF THE RULE #16 IN THAT HE IS MANDATED BY THE PRISONER REVIEW BOARD TO BE SUPERVISED ON ELECTRONIC MONITORING. THIS AGENCY ATTEMPTED TO PLACE THE OFFENDER AT (ALL) PLACES WITH FAMILY AND /OR FRIENDS IN THE COMMUNITY AND NO SUITABLE HOST SITE WAS FOUND TO SUPERVISE THE OFFENDER ON ELECTRONIC MONITORING. THIS AGENCY ATTEMPTED TO PLACE THE OFFENDER AT (ALL) PLACES THAT THE ILLINOIS DEPARTMENT OF CORRECTIONS WOULD PAY FOR AND THE PAID PLACEMENTS FOR ANY NUMBER OF REASONS COULD NOT ACCEPT THE OFFENDER. THE OFFENDER IS UNABLE TO FULFILL THE MANDATE OF ELECTRONIC MONITORING PLACED ON HIM BY THE PRISONER REVIEW BOARD.

List all Arrests or Alleged Parole/Mandatory Supervised Release Violations or sanctions and the date of occurrence other than those in the above section (include date, time, place and description of the violation; description and method of weapons used; identity and injury to victim(s); arrest date and arresting agency; criminal charges; and custody/court/bond information) : N/A

Answer the following questions only if the offender has absconded:

Is this an instant absconder?  No  Yes Offender has been an absconder since (support in your narrative):

Did the offender make any contacts to AMS while an absconder?  No  Yes If yes, dates of contacts:

**Community Adjustment:**

Answer the following questions or provide the required information for all parolees.

Prior mittimus offense(s) and conviction date(s): N/A

Offender currently resides with: (include description of others living with the parolee, such as wife, children, girlfriend, parents. It is mandatory to list any children under 18 living in the home, age, and the relationship of the parolee to those children.) N/A

Where was the offender's approved host site? Can the offender return to this host site?  No  Yes

If no, state why and also what other host site options does the offender have?

Offender was employed at time of arrest/alleged violation with: for week(s) month(s) year(s).

Did the offender attend school at time of arrest/alleged violation?  No  Yes If yes, level of education:

Special conditions for substance abuse and/or mental health and/or other programming by PRB or MSR Rule 15 (List each special condition, MSR Rule 15, referrals provided and date, and follow-up by agent. Specify the name and type of treatment program, where it was provided, if they had been attending regularly and if there were any progress reports - attach reports) :

Current and prior housing, substance abuse and/or mental health issues (Include incarceration information if available) :

Does parolee have:

State ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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Distribution: Offender; Releasing Authority; Offender's Case File;  
 Parent Field Services Representative; AMS;  
 Hearing Officer; if FOS, Interstate Compact

**ILLINOIS DEPARTMENT OF CORRECTIONS**  
**Parole Violation Report**

Birth Certificate     Yes     No     Unknown      Social Security Card     Yes     No     Unknown  
 If parolee does not have a valid State ID or Driver's License, list the referral dates for identification assistance:

Offender attending or enrolled in sex offender treatment with (provider):      at (address):      for (length of time and progress - attach progress notes):

Is this current arrest or alleged violation a sex related offense?     No     Yes      Relationship to victim:

List the offender's overall successes that will assist in providing support upon re-entry to the community:

- Supportive Immediate Family System
- Supportive Friends/Extended Relatives System
- Supportive Community Resources (List) :
- Employable Skills (List) :
- Unknown

**Agent's Narrative for Community Adjustment and Complete Case Management Background (mandatory for all cases, including new arrests and cases of mandatory warrant issuance):**

**Agent's Institutional and Release Recommendation:**

Is diversion recommended for this parolee ?     No     Yes      Support your recommendation using the three (3) diversion criteria :

Recommended changes to current PRB orders and justification:

Recommended time to be served and justification:

Other recommendations and justification:

Attachments:     Sanction Form     Police Report     Other (specify):

I hereby declare under the penalty of perjury that the foregoing description of alleged violations made by me in this violation report is true and correct to the best of my knowledge and belief.

P. Anderson H-27  
 Print Parole Agent's Name

2581

No.

03/24/2014  
 Date

**Supervisor Comments** (if any - supervisor must specifically review the diversion review recommendation and concur/non-concur): NO FAMILY OR FRIENDS TO LIVE WITH AND NO VENDOR BEDS IN COOK COUNTY.

C. Ruffin  
 Print Parole Supervisor's Name

H47

No.

Supervisor's Signature

3/25/14  
 Date

**Section B: Notice of Charges must be completed at the same time this section is completed**

~~EX~~  
C

STATE OF ILLINOIS  
Prisoner Review Board Order

STATEVILLE C.C./NRC  
Facility

Date: 3/25/14Offender Name: SMITH, CHARLES  
Last, First M.I.ID#: R06524Is the offender currently residing in an Adult Transition Center?  
 No       Yes – Identify time in the community: \_\_\_\_\_Clinical Services Recommendations for Release: SUBSTANCE ABUSE COUNSELING, CLOSE SUPERVISION (2X/MO. 6 MO PERIOD), REGISTER AS SEX OFFENDERCounselor: Daryl Altyas  
SignatureSupervisor: JL  
Signature

## Board Action:

- Mandatory Supervised Release Approved - Effective when eligible
- Released Prior to Hearing
- Statutory Parole Approved

CONDITIONS: The releasedee is obligated to obey the general rules governing parolees or mandatory supervised releasees and the following special order(s):

1.  Substance Abuse Counseling - (CD) (To include evaluation for need and/or completion of recommended counseling program.)
2.  Anger Management Counseling - (CG) (To include evaluation for need and/or completion of recommended counseling program.)
3.  Sex Offender Counseling - (CX) (To include evaluation for need and/or completion of recommended counseling program.)
4.  Outpatient Mental Health Counseling - (CP) (To include evaluation for need and/or completion of recommended counseling program.)
- 5.  Electronic Monitoring - (CE) For a period of \_\_\_\_\_  
(Electronic Monitoring shall not be removed prior to this time unless approved by the Prisoner Review Board. Any Illinois Department of Corrections request for Electronic Monitoring removal shall be submitted with a current progress report.)
6.  No Victim Contact - (CT) \_\_\_\_\_
7.  No Computer or Internet Access - (CC)  
(Includes any type of access through a computer, Web TV, cell phone, personal digital assistant (PDA), or any other device without prior approval by your parole agent. Approval for internet access may only be made for employment and school related activities. You are prohibited from establishing a profile or utilizing someone else's profile on a social networking website and from contacting or communicating with minors on these sites.)
8.  Domestic Violence Counseling - (DV)
9.  Close Supervision - (CV) Specific check times: Weekly  
(These reporting instructions are in addition to those given by your IDOC Agent.)
- 10.  GPS - (GP) To be used for cases Mandated by State Law or per IPRA/IPRC Agreement.
11.  Other - (CO) MUST REGISTER AS A SEX OFFENDER

For the Board:

Signature: Daryl Altyas

MAR 26 2014

Date: \_\_\_\_\_

Signature: L. J. Goss

Date: \_\_\_\_\_

Signature: C. H. D.

Date: \_\_\_\_\_

## For use during personal interviews only:

I hereby attest that I have been served the above noted conditions of my parole/mandatory supervised release and understand that failure to follow these conditions may result in the revocation of my parole.

Releasee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_